

United States Bankruptcy Court

Boise

District of Idaho

PROOF OF CLAIM

In re (Name of Debtor)

HELTON-LARSON, ALLISON A.

Case Number

99-02605JDP-13

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor Providian Financial

(The person or other entity to whom the debtor owes money or property)

Name and Address Where Notices Should be Sent

**Providian Financial ATTN: Bankruptcy
Department P.O. Box 192250
San Francisco, CA 94119-2250**

Telephone No. 1-800-557-4299

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

**THE SPACE IS FOR
COURT USE ONLY**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

4254-4916-0057-1679

Check here if this claim ☐ replaces
☐ amends

a previously filed claim, dated: _____

1. BASIS FOR CLAIM

- ☐ Goods sold
☐ Services performed
☒ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. 1114(a)

☐ Wages, salaries, and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED

08/18/1998

3. IF COURT, JUDGEMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

☐ SECURED CLAIM **\$0.00**

Attach evidence of perfection of security
interest Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured above, if any \$ _____

☒ UNSECURED NONPRIORITY CLAIM **\$1,291.67**

A claim is unsecured if there is no collateral or lien on property of the debtor securing or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ _____

Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. 507 (a)(3)

Contributions to an employee benefit plan -- 11 U.S.C. 507(a)(4)

Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse or child -- 11 U.S.C. 507 (a)(7)

Taxes or penalties of government units -- 11 U.S.C. 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. 507 (a) _____

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

\$1,291.67

(Unsecured)

\$0.00

(Secured)

\$ 0.00

(Priority)

\$1,291.67

(Total)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attached copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

10/22/1999

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Vicky Thomas, Manager

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COURT USE ONLY**

CYCLE 28 AGENT 0549

SCREEN SELECTION (1 2 3 4)

=> HELTON-LARSEN A

	CURRENT	(01) 10/06/99	(02) 09/07/99	(03) 08/06/99	(04) 07/06/99
PAYMENT	0	0	0	0	1
062499	.00	.00	.00	.00	62.00
MIN PYMT	38.00	279.67	162.60	64.00	32.00
PURCHASE	0	1	1	0	2
070599	.00	29.00	59.00	.00	50.49
CASH ADV	0	0	0	0	0
	.00	.00	.00	.00	.00
CREDITS	0	0	0	1	0
080299	.00	.00	.00	4.00	.00
MISC CHG	0	0	0	0	0
	.00	.00	.00	.00	.00
INS FEE	.00	.00	.00	.00	.00
LATE CHG	.00	29.00	29.00	29.00	.00
OVRL FEE	.00	29.00	.00	.00	.00
PURC F/C	87.47	21.07	22.79	21.70	21.91
CASH F/C	.00	.00	.00	.00	.00
LIMIT	1,150.00	1,150.00	1,150.00	1,150.00	1,150.00
BALANCE	1,291.67	1,291.67	1,212.60	1,101.81	1,055.11